

Dear US House of Representatives Ways & Means Committee,

I wish to submit my comments for the record regarding Single Payer Improved Medicare for All, HR 1384.

As a healthcare professional, I have seen how the current system takes care only of those that can afford to pay. Pay for the monthly insurance bill, pay for the deductibles, pay for the co-pay, pay for the portion of fees for service that insurance does not cover. The ones that can pay and pay and pay get good medical care, yet those that cannot afford all the fees, whether they have insurance or not, do not get the care they need. My sister and her husband are both self employed entrepreneurs and if it were not for the ACA, they would not be able to afford any healthcare. They are the under-insured. This system is unfair and unnecessary. The richest country in the world should take care of its citizens, rich and poor, to provide the health care we need. Canada did it among staunch opposition at first; and other first world countries also have a national system. No, they are not perfect systems, but nothing is perfect, yet they are better than the U.S. insurance-based system. We can do better for our citizens

Over time, I have come to learn many things about our system and the solutions that I passionately wish the Committee to understand:

- The U.S. has the highest health care costs in the world, spending on average double per capita what most other countries spend.
- We are the only country that allows a **for-profit middleman**, with a fiduciary duty to maximize profit, and minimize “medical loss” (i.e. payments for care) to interfere in health decisions that should be between us and our doctors. The death panels that were used as a scare tactic during the ACA hearings already exist; they are the private insurance companies who deny us care to make a higher profit.
- Despite spending the most money, we still have 87 million people who are uninsured or underinsured, and our health outcomes are poor in most areas. 45% of adults age 19-64 are now underinsured, many of whom are on employer-based private insurance plans. <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca> These unfortunate statistics demonstrate that the well intentioned Affordable Care Act is not working for too many Americans, and it is not doing anything to control costs. Studies show that universal healthcare will not be achievable without serious downward pressure on out-of-control healthcare costs in the US.
- Many of our people are avoiding getting treatment due to cost of care. More than half of 18-44-year olds did not get care in the 12 months preceding February 2018 and this trend is worsening. When someone foregoes care due to cost, their illness can get worse, then they can end up in the ER with a bill they can't pay, which leads to higher health care costs for everyone .

- As mentioned earlier, despite spending almost double what other developed countries spend per capita, many of our health outcomes resemble that of a third world country. We have some of the worst infant and maternal mortality rates in the world, and our life expectancy has declined three years in a row.
- The current cost of health insurance is increasingly unaffordable for working families whose wages and benefits continue to stagnate and fall. For example, in NC, one family of 3 on the 80/20 state health plan pays \$9600/year in premiums with “non-profit” BCBSNC. Premiums are equal >13% of the household’s gross income, and that is with gross income substantially higher than NC’s teachers on the same insurance plan. The family’s deductible is \$7500 and out-of-pocket maximum is \$29,340. With “good” employer-based insurance and an average annual income for NC, this family is one medical emergency away from financial ruin. (BCBSNC SHP 2019 80/20 plan)
- Instead of our public dollars being used to efficiently cover care, that money is used to subsidize private insurance companies who DENY us care. For example, nearly 60% of for-profit insurance revenue of Cigna, Anthem, Humana, Aetna, United Healthcare came from Medicare and Medicaid alone (doesn’t account for government employees and other public funds).
- In NC, Medicaid is being transitioned in 2019 to private insurance companies, including Centene which is under investigation by the DOJ for Medicare and VA fraud.  
<https://www.axios.com/centene-faces-federal-investigation-over-medicare-claims-1513300566-95d6b302-e1fd-456c-92ff-009af262536c.html> and  
[https://www.propublica.org/article/va-private-care-program-gave-companies-billions-and-vets-longer-waits?fbclid=IwAR1t6GaiyBRIMjEkUm0fc7M847HJCG5Hw9KpXmqi\\_gc89WXaHqP2AZ1PegY](https://www.propublica.org/article/va-private-care-program-gave-companies-billions-and-vets-longer-waits?fbclid=IwAR1t6GaiyBRIMjEkUm0fc7M847HJCG5Hw9KpXmqi_gc89WXaHqP2AZ1PegY)

### **An American healthcare system that works for all people!**

I believe that the single payer, improved and expanded Medicare system for all proposed in HR 1384 is the ONLY current option to achieve universal health care because it provides a means for decreasing out-of control health care in the United States. A single payer system can decrease unnecessary costs by eliminating middle-men, profits for shareholders including CEOs and other executives, and saving providers time and overhead. The savings from these unnecessary costs can be transferred to paying for more comprehensive health care for all. Instead of paying premiums, co-pays, etc. individuals will use that money (in the form of taxes) for better quality health care. In addition, they will no longer be at economic risk if they have serious health problems that affect even people with “good” health insurance. Employee-based health care plans may have worked better in the past when people were more likely to work most of their lives for the same employer and for larger business, they no longer work in today’s world and are a determinant for workers seeking better jobs and for small businesses trying to recruit talented workers

- A Medicare for All single payer system in the United States will allow American businesses to be more competitive in a global market filled with countries that have

some sort of nationalized system. It will unleash the entrepreneurial spirit and free millions of workers who are currently dependent on their employers for health insurance. These workers will not only have greater security in access to care for themselves and their families, but greater flexibility to change jobs and professions or start their own business to suit their unique skill sets. 19% of people age 50-64 say they are staying in current jobs rather than change or retire because of health insurance needs, while many young people out of college are unable to occupy these jobs; and <https://knowridge.com/2019/01/poll-older-americans-really-worry-about-health-insurance/>

- The other health care plans that have been introduced will not get us anywhere close to universal healthcare and won't be able to control costs . That is why we need a program that has all the provisions found in HR 1384.
  1. **A single program** — not a patchwork of multi-payer state and federal systems.
  2. **Comprehensive coverage** — *all* medically necessary services requiring a medical professional will be covered.
  3. **Free at the point of service** — no more shifting costs onto the sick: no premiums, no copays, no deductibles, no co-insurance.
  4. **Universal coverage** — coverage for all U.S. residents.
  5. **Jobs** — replacement and severance for those affected by the transition.

One of our members attended the Ways and Means Committee hearing in person, and was horrified to hear the misinformation and downright lies that were coming out of some Representatives as if they were facts. We wanted to take a few paragraphs to dismantle the worst of them.

[https://businessinitiative.org/everything-you-need-to-know-about-the-ways-and-means-hearing-universal-healthcare-hearing/?fbclid=IwAR3oCb-Jhvpj\\_ETXAXHmNZxcMaEQ7Umo2hI55jZ0NTgZjLd9C5HApWSCAFw](https://businessinitiative.org/everything-you-need-to-know-about-the-ways-and-means-hearing-universal-healthcare-hearing/?fbclid=IwAR3oCb-Jhvpj_ETXAXHmNZxcMaEQ7Umo2hI55jZ0NTgZjLd9C5HApWSCAFw)

CLAIM: Medicare for All would be too expensive for the American taxpayers to bare.

REALITY: The reality is, Medicare for All would save trillions of dollars over the next 10 years when compared with the status quo of the commercial insurance system. While organizations like the Political Economy Research Institute has found the savings to be [around \\$5.1 trillion](#), even the libertarian leaning think-tank Mercatus Center [found \\$2 trillion](#) in savings over the next decade.

CLAIM: A single-payer Medicare for All system is a “government takeover of healthcare”.

REALITY Under Medicare for all, doctors, hospitals, and other providers will continue to operate privately and independently. This simply changes the way we finance the system, using a progressive tax system that offers more efficiency than the commercial profit driven multi-payer system.

Just as federal action has created and funded Community Health Clinics in underserved areas, it can create policy to meet needs.

CLAIM: Medicare for All would limit choices for patients and families.

REALITY: Right now, if a patient is lucky enough to have coverage, they must choose within a narrow network of doctors and hospitals. Medicare for All would give people more choices than

ever, and finally allow them to go to any doctor, hospital, specialist, or provider they want to see, even across state lines.

CLAIM: Medicare for All would threaten Veterans and Seniors.

REALITY: Both populations would actually have expanded benefits. Under the House Medicare for All bill, the Veterans Administration would be left in place, but, in addition to those benefits, veterans would also have the ability to access a wider range of doctors and providers instead of being forced to travel to a VA facility. The Medicare for All bill would also significantly expand benefits for current Medicare beneficiaries (adding dental, vision, hearing, long-term care), while eliminating their deductibles and copays.

CLAIM: Medicare for All would create long-waits, rationing, and inability to access care.

REALITY: Our current system is what causes rationing. [Last year, 44% of Americans didn't go to a physician when they were sick or injured. 40% said they skipped a recommended test or treatment due to cost. 32% said they were unable to fill or decided to ration a prescription due to cost.](#) Largely thanks to this self-rationing, we lag behind on life-expectancy, infant mortality, hospitalizations from preventable illness, and more. Medicare for All would finally eliminate all financial barriers to care.

I recognize that as public servants, you share my vision for improving the health of Americans and encourage you to join many health care providers and endorse Medicare For All as a step in that direction. There are people all over this country who are suffering or dying unnecessarily, or who are buried under medical debt and filing for bankruptcy. Our country can create a health care system that covers all our people, controls costs, and puts the medical decisions back where they belong - between patient and doctor. Transitioning to this system will be challenging, but we believe our country is up to the task. We've taken on bigger obstacles before and tackled them, and we can create a health care system that will be the pride of America, and the envy of the developed world.

Warm Regards,

Onja Bock